

EXHIBIT E

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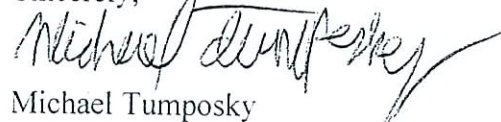
Edward F. Mahoney
Martin, Magnuson, McCarthy & Kenealy
101 Merrimac Street, Suite 700
Boston, MA 02114-4716

Re: Rodgers v. Howard et al., C.A. No. 04-11842-PBS

Dear Attorney Mahoney:

Enclosed please find a letter from Dr. Paul Hart relative to the liability of Dr. Howard. We will send a report in accordance with the rules as soon as it is in our possession.

Sincerely,


Michael Tumposky

cc: William P. Breen, Jr.
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August 11, 2006

Attorney Michael Tumposky
C/O Hrones, Garrity & Hedges
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RE: Scott Rodgers

Dear Attorney Tumposky:

I am a Family Physician practicing in Sterling MA. I am licensed in Massachusetts and have been in active medical practice for the past 33 years. I am familiar with the standard of care for primary care physicians' use of Non-Steroidal Anti-inflammatory Medications.

History:

Mr. Scott Rodgers had a history of smoking, the use of the prescription medication Celexa and "Stomach trouble or Ulcer" as noted on the intake health history for the Plymouth County Correctional Facility. On the same form Mr. Rodgers noted that he had received treatment in a hospital setting for his "stomach".

Dr. John Howard prescribed Naprosyn and Celexa for Mr. Rodgers on 8/8/01. Subsequently the Celexa was discounted on 8/18/01 and Zoloft was prescribed. On 8/26/01 Mr. Rodgers was emergently sent to the hospital due to a severe GI bleed. He subsequently required blood transfusions and suffered additional complications due to the ulcer that had developed as a result of the medications that he was prescribed by Dr. Howard.

Review of medical literature:

The association between the use of nonsteroidal anti-inflammatory drugs (NSAID) and the development of clinically significant ulcers is well documented and discussed in all major medical texts. Cecil Textbook of Medicine, a well recognized standard medical reference notes that the risk for complications from NSAIDs "begins within days after treatment, is slightly higher within the first 3 months of therapy, and persists indefinitely." Additionally the same text notes that "The most important risk factor for NSAID ulcers is a history of prior peptic ulcer disease."

In the monograph on Naprosyn in the PDR the risk of bleeding associated with this agent is stressed. In bold print under the heading "Warnings" the text reads "Risk of GI Ulceration, Bleeding and Perforation with NSAID Therapy: Serious gastrointestinal toxicity such as bleeding, ulceration and perforation can occur at any time.." In order to help identify those patients at increased risk the monograph identifies a number of conditions that predispose to this serious complication; these include "a prior history of serious GI peptic ulcer disease and other risk factors known to be associated with peptic ulcer disease such as alcoholism, smoking..".

Celexa is a selective serotonin reuptake inhibitor (SSRI). In the monograph on this agent in the PDR the manufactures instruct the physician with the following: "Patients should be cautioned about the concomitant use of Celexa and NSAIDs, aspirin, or other drugs that affect coagulation since the combined use of psychotropic drugs that interfere with serotonin reuptake and these agents has been associated with the increased risk of bleeding."

Zoloft which is the agent that was prescribed in place of Celexa is a SSRI and thus the above caution is also applicable.

Discussion:

When Mr. Rodgers was prescribed Naprosyn he was placed at high risk for a GI bleed due to his prior history of gastrointestinal problems and smoking. This risk was substantially increased with the addition of Celexa. The change in SSRI from Celexa to Zoloft did not change the significant risk.

All of the information concerning the potential risks that Mr. Rodgers' faced by this dangerous prescribing is available in the PDR, the standard resource of information concerning prescription medications. Any physician who prescribes a medication is expected to be familiar with the agent that he prescribes including not only side-effects but also drug interactions.

Conclusion:

Dr. John Howard's treatment of Mr. Scott Rodgers fell below the standard of medical care that is expected of a physician by his negligent prescribing of Naprosyn. Mr. Rodgers GI bleed and subsequent complications are, to a high degree of medical certainty, directly and causally related to the medical care that was rendered to him by Dr. John Howard.

Yours truly,


Paul L Hart MD

Signed under the pains and penalties of perjury.